I hereby certify that this correspondence is being deposited with the U.S. Postal Service with
sufficient postage as first class mail in an envelope addressed to: Commissioner for
Patents, PO Box 1450, Alexandria, VA 22313-1450, on 15 August 2006
Jeannie Camara
(Typed or Printed Name of Person Mailing Paper or Fee)
Jeannie Campie
(Signature of Person Mailing Paper or Fee)

Application Number: 09/733,372

Confirmation Number: 1974

Applicant

: Paul R. Petersen

Filed

: 8 December 2000

TC/A.U.

: 3625

Examiner

: Akers, Geoffrey R.

Docket Number

: M00-175100

Customer No.

: 22,835

M/S: Box AF

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of 17 July 2006, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

I hereby certify that this correspondence is being deposited with sufficient postage as first class mail in an envelope addressed to	the U.S. Postal Service with
Patents, PO Box 1450, Alexandria, VA 22313-1450, on	15 August 2006
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AMENDMENT TRANSMITTAL LETTER

Mail Stop: AF

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U.S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed 17 July 2006. [x]
- A petition for extension of time is also enclosed with a fee of \$55.00 for a onemonth extension for a small entity.
- []Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- [] Information disclosure statement, form 1449 and ___ references.
- No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

		PENDEDECE	AIMS.		
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00 Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

[]	A cho	cck in	the amou	n t of \$	is enclose	d.
	-	_		_		

Respectfully submitted,

 $\mathbf{B}\mathbf{y}$

Edward J. Grundler Registration No. 47,615

Date:

Edward J. Grundler
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Tel: (530) 750 1662

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^[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).

[[]x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. M00-175100).